



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E438731**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-1636		
LOCAL AGENCY CODING	0664		
TOTAL # OF UNITS	02	OBJECT STRUCK	

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	06	30	2015	1309	31			N	E	IN	0664
								S	W	OF	

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
HWY 204	BLOCK NO.	
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)	SR 9
		FEET	S	W		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252105421
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LAST NAME	SALVADALENA	FIRST NAME	ANN	MIDDLE INITIAL	S
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STREET NEW ADDRESS	5001 113TH AVE SE
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CITY	SNOHOMISH	ST	WA	ZIP	98290
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	SALVAAS802JQ	STATE	WA	SEX	F	D.O.B.	04	18	1940
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ON DUTY <input type="checkbox"/>	AIRBAG	3	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	7	NATURE OF INJURIES	NECK, BACK AND WRIST
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LICENSE PLATE #	AAL6314	STATE	WA	VIN#	4T1BF28BX34295707
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2003	MAKE	TOYT	MODEL	AVALO	STYLE	C4	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	SKY VALLEY TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	OWNED BY DRIVER
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 3487260B1447D
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 6237035985
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LAST NAME	AVERY	FIRST NAME	WENDY	MIDDLE INITIAL	K
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STREET NEW ADDRESS	22324 N 103RD DR
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CITY	PEORIA	ST	AZ	ZIP	85383
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	D03013791	STATE	AZ	SEX	F	D.O.B.	01	27	1981
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ON DUTY <input type="checkbox"/>	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	999HPF	STATE	OR	VIN#	KNDMB5C16G6088475
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2015	MAKE	KIA	MODEL	SEDONA	STYLE	VN	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	SKY VALLEY TOW	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	AVIS 9555 NE AIRPORT WAY PORTLAND OR 97220 D: 7576872185
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LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	USAA 10928105
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	C. WELLS #131	BADGE OR ID #	131	AGENCY	WA031900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E438731**

CASE # **15-1636**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		AVERY CLAIRE E																
ADDRESS & PHONE #		22324 N 103RD DR PEORIA AZ 85383																
SEX		F		D.O.B. MMDDYYYY		10		-		26		-		2005				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	5	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		AVERY AUBREE G																
ADDRESS & PHONE #		22324 N 103RD DR PEORIA AZ 85383																
SEX		F		D.O.B. MMDDYYYY		05		-		11		-		2007				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	8	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		AVERY JILLIAN F																
ADDRESS & PHONE #		22324 N 103RD DR PEORIA AZ 85383																
SEX		F		D.O.B. MMDDYYYY		08		-		11		-		2009				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	4	AIRBAG	2	RESTR.	8	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES

NARRATIVE

Unit 1 - SALVADALENA was traveling southbound on SR 9 when she failed to stop at a stop (red) light. Unit 2 - AVERY was traveling eastbound on HWY 204 when she entered the intersection on her green light.

Unit 2 - AVERY struck Unit 1 - SALVADALENA in the middle of her vehicle on the passenger side. Unit 1 - SALVADALENA spun 180 degrees and landed in the northbound lane - now facing northbound.

Unit 1 - SALVADALENA transported to the hospital by Aid for injuries.

Unit 2 - AVERY reported no injuries to her or her four (4) children - who were passengers.

Both vehicles significantly damaged and towed by Sky Valley Towing.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS #131

07-01-15 08:50 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

ROBERT MINER 095

7/1/2015 1:19:18 PM

BADGE OR ID #

131

ORI #

WA0311900

TIME POLICE DISPATCHED

1:09 PM

TIME POLICE ARRIVED

1:11 PM



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E438731**

CASE # **15-1636**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		AVERY DANE R														
ADDRESS & PHONE #		22324 N 103RD DR PEORIA AZ 85383														
		SEX	M	D.O.B. MMDDYYYY	12			27			2011					
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	2	SEAT POS.	6	AIRBAG	2	RESTR.	5	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		NEICE MARVIN O														
ADDRESS & PHONE #		2126 82ND DR NE LAKE STEVENS WA 98258 4259718474														
		SEX	M	D.O.B. MMDDYYYY	01			31			1975					
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		GUTIERREZ JOSHUA K														
ADDRESS & PHONE #		1120 82ND DR NE LAKE STEVENS WA 98258 4253466314														
		SEX	M	D.O.B. MMDDYYYY	11			12			1981					
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 - SALVADALENA was traveling southbound on SR 9 when she failed to stop at a stop (red) light. Unit 2 - AVERY was traveling eastbound on HWY 204 when she entered the intersection on her green light.

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C. WELLS #131		07-01-15 08:50 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY ROBERT MINER 095		DATE 7/1/2015 1:19:18 PM	
BADGE OR ID #	131	ORI #	WA0311900
TIME POLICE DISPATCHED		1:09 PM	
TIME POLICE ARRIVED		1:11 PM	



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E438731**

CASE # **15-1636**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		CAVE TERRI L																	
ADDRESS & PHONE #		141 N LAKE GROVE RD CAMANO ISLAND WA 98258 4253464273																	
SEX		F		D.O.B. MMDDYYYY		03		-		14		-		1953					
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX				D.O.B. MMDDYYYY				-				-							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Unit 1 - SALVADALENA was traveling southbound on SR 9 when she failed to stop at a stop (red) light. Unit 2 - AVERY was traveling eastbound on HWY 204 when she entered the intersection on her green light.

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C. WELLS #131

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-01-15 08:50 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

7/1/2015 1:19:18 PM

BADGE OR ID #

131

ORI #

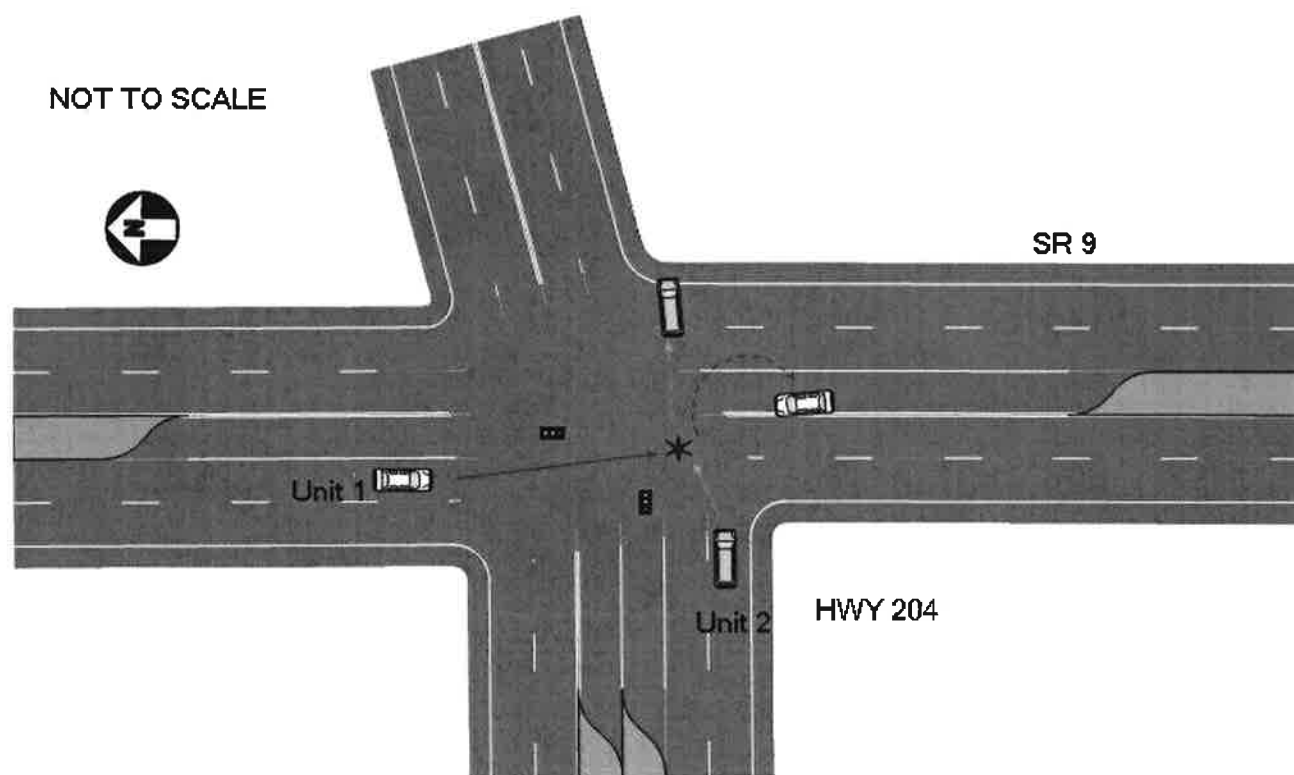
WA0311900

TIME POLICE DISPATCHED

1:09 PM

TIME POLICE ARRIVED

1:11 PM



EXCHANGE OF INFORMATION

OFFICER NAME: **C. WELLS #131 #131**COLLISION: **06/30/15 01:09 PM**CASE#: **15-1636**AGENCY: **LAKE STEVENS PD**DISPATCH: **06/30/15 01:09 PM**LOCATION: **HWY 204**ARRIVAL: **06/30/15 01:11 PM****AT SR 9****NARRATIVE/ NOTES:**

Unit 1 - SALVADALENA was traveling southbound on SR 9 when she failed to stop at a stop (red) light. Unit 2 - AVERY was traveling eastbound on HWY 204 when she entered the intersection on her green light.

Unit 2 - AVERY struck Unit 1 - SALVADALENA in the middle of her vehicle on the passenger side. Unit 1 - SALVADALENA spun 180 degrees and landed in the northbound lane - now facing northbound.

Unit 1 - SALVADALENA transported to the hospital by Aid for injuries.

Unit 2 - AVERY reported no injuries to her or her four (4) children - who were passengers.

Both vehicles significantly damaged and towed by Sky Valley Towing.

UNIT 1:	MOTOR VEHICLE -	2003 AVALON PLATE: AAL6314 (WA)	TOWED BY:
DRIVER: ANN S SALVADALENA		VEH OWNER:	
ADDRESS: 5001 113TH AVE SE SNOHOMISH, WA 98290		ADDRESS:	
DL #: SALVAAS602JQ		STATE: WA	
PHONE: (425) 210-5421		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: STATE FARM		INSURED BY:	
POLICY #: 3487260B1447D		POLICY #:	
UNIT 2:	MOTOR VEHICLE -	2015 KIA SEDONA PLATE: 999HPF (OR)	TOWED BY: SKY VALLEY TOW
DRIVER: WENDY K AVERY		VEH OWNER:	
ADDRESS: 22324 N 103RD DR PEORIA, AZ 85383		ADDRESS:	
DL #: D03013791		STATE: AZ	
PHONE: (623) 703-5985		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: USAA		INSURED BY:	
POLICY #: 10928105		POLICY #:	
UNIT 3:	WITNESS	TOWED BY:	
NAME: MARVIN O NEICE		VEH OWNER:	
ADDRESS: 2126 82ND DR NE LAKE STEVENS, WA 98258		ADDRESS:	
DL #:		STATE:	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY:	
POLICY #:		POLICY #:	
UNIT 4:	WITNESS	TOWED BY:	
NAME: JOSHUA K GUTIERREZ		VEH OWNER:	
ADDRESS: 1120 82ND DR NE LAKE STEVENS, WA 98258		ADDRESS:	
DL #:		STATE:	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY:	
POLICY #:		POLICY #:	

EXCHANGE OF INFORMATION

OFFICER NAME: **C. WELLS #131 #131**

COLLISION: **06/30/15 01:09 PM**

CASE#: **15-1636**

AGENCY: **LAKE STEVENS PD**

DISPATCH: **06/30/15 01:09 PM**

LOCATION: **HWY 204**

ARRIVAL: **06/30/15 01:11 PM**

AT SR 9

NARRATIVE/ NOTES:

Unit 1 - SALVADALENA was traveling southbound on SR 9 when she failed to stop at a stop (red) light. Unit 2 - AVERY was traveling eastbound on HWY 204 when she entered the intersection on her green light.

Unit 2 - AVERY struck Unit 1 - SALVADALENA in the middle of her vehicle on the passenger side. Unit 1 - SALVADALENA spun 180 degrees and landed in the northbound lane - now facing northbound.

Unit 1 - SALVADALENA transported to the hospital by Aid for injuries.

Unit 2 - AVERY reported no injuries to her or her four (4) children - who were passengers.

Both vehicles significantly damaged and towed by Sky Valley Towing.

UNIT 5: **WITNESS**

TOWED BY:

NAME: **TERRI L CAVE**

VEH OWNER:

ADDRESS: **141 N LAKE GROVE RD
CAMANO ISLAND, WA 98258**

ADDRESS:

DL #:

STATE:

PHONE:

PHONE:

ALT PHONE:

ALT PHONE:

INSURED BY:

INSURED BY:

POLICY #:

POLICY #:

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 15-1636

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Avery, Wendy Kay	RACE W	ETH C	SEX F	DOB 1/27/81	AGE 34	HGT 5'6"	WGT 160	HAIR BR	EYES B
STREET ADDRESS 22324 N 103rd Dr.		CITY Peoria				STATE AZ	ZIP 85383	RES. STATUS Owner		
HOME PHONE 623-703-5985		CELL PHONE 623-703-5985		PLACE OF EMPLOYMENT mom						
WORK PHONE		EMAIL ADDRESS joyfulavery@gmail.com								

I, Wendy Avery, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was going through a green light and was hit. Don't recall which direction the street is facing, but we continued straight briefly and my airbag blew. I was fine, but the guy behind me (Josh) checked on me quickly, which kept me calm. I checked on my children; Claire (9), Aubree (8), Jillian (5), Dane (3) who at this point have no concern for physical injury. As I was entering an intersection I haven't approached, I was more cautious, so at first I didn't even realize where the car came from or how the collision occurred. I was driving, Jillian was behind me, Claire was in the middle and Dane sitting diagonal, with Aubree in the 3rd row middle seat. They are all showing no signs of physical injury at this point.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Wendy Avery</u>	DATE SIGNED: <u>6/30/15</u>	LOCATION SIGNED:
OFFICER/NUMBER: <u>C. W. [Signature]</u>	DATE SIGNED: <u>6/30/15</u>	LOCATION SIGNED: <u>CKS</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

800-754-2847

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1036

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) NEICE, MARVIN Q.	RACE W	ETH	SEX M	DOB 01-31-75	AGE 40	HGT 6'2"	WGT 190	HAIR BR.	EYES Blue
STREET ADDRESS 2126 82nd DRIVE NE		CITY LAKE STEVENS		STATE WA		ZIP 98258		RES. STATUS USA		
HOME PHONE 425 971 8474		CELL PHONE 425 971 8474		PLACE OF EMPLOYMENT MICROSOFT						
WORK PHONE NA -		EMAIL ADDRESS MNEICE@GMAIL.COM								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I WAS STOPPED @ the intersection of 9 & 204 right at the light (first in front of light) next to turn lane going north on 9. The light was red going north on 9. A white car went through the intersection heading south on 9. A silver kia van struck (T-BONED) the car. Van was going east into the (toward) Safeway parking lot. There was an attempt by the van to stop. They hit HARD! The white car about flipped over and spun around the opposite direction and stopped facing north. The white car nearly flipped over and almost rolled into me. Shattered glass and plastic everywhere. It appears the white car did not yield to traffic as I was stopped at the red light. It appears the white car ran the red light. Happened just after 1pm, June 30th.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: MARVIN Q. NEICE	DATE SIGNED June 30, 2015	LOCATION SIGNED At Accident site.
OFFICER/NUMBER C. WILSON / 131	DATE SIGNED 6/30/15	LOCATION SIGNED LCS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-7634

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Cave Terri Lou	RACE	ETH	SEX F	DOB 3-14-53	AGE 62	HGT 5'6"	WGT 150	HAIR brown	EYES blue
STREET ADDRESS 141 N Lake Grove Rd		CITY Camano Island		STATE WA		ZIP 98282		RES. STATUS		
HOME PHONE 360 387 3874		CELL PHONE 425 346 4273			PLACE OF EMPLOYMENT State					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

We were headed east into Frontier Village on ~~204~~ 204, we were stopped at the light, we were in the third lane from the left. When the light turned green we started going when we saw a white toyota coming out of Frontier Village turn left onto Hwy 9. We had to honk but just then a van (silver) came along beside us ^{on the right} traveling in the fourth lane heading east into Frontier Village. They crashed, sending the toyota into a spin. In my opinion the driver in the toyota went on a red turn light, probably she saw the lights to her right turn green for the lanes that were traveling ~~straight~~ straight going West on 204. The van (silver) had a green light and had the right of way.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Terri L Cave	DATE SIGNED 6-30-15	LOCATION SIGNED
OFFICER/NUMBER: C. WELLS/131	DATE SIGNED 6/30/15	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 15-1636

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) GUTIERREZ, JOSHUA KEITH	RACE W	ETH H	SEX M	DOB 11-12-1981	AGE 33	HGT 5'11"	WGT 240	HAIR BLK	EYES BRN
STREET ADDRESS 1120 82ND DR NE		CITY LAKE STEVENS		STATE WA		ZIP 98258		RES. STATUS US		
HOME PHONE 425-346-6314		CELL PHONE 425-346-6314		PLACE OF EMPLOYMENT COMMUNITY TRANSIT						
WORK PHONE 425-348-7100		EMAIL ADDRESS jkg1981@gmail.com								

I, JOSHUA KEITH GUTIERREZ DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

AT ABOUT 1300 HRS ON 6-30-15 I WAS AT THE INTERSECTION OF HWY 204 AND HWY 9 FACING EASTBOUND ON HWY 204 IN THE FAR RIGHT LANE BEHIND A GRAY KIA MINIVAN (THEY WERE AT THE STOP LINE) AND AT A RED LIGHT. THE LIGHT TURNED GREEN FOR US TO CONTINUE STRAIGHT INTO FRONTIER VILLAGE IN LAKE STEVENS, WA WHEN A WHITE TOYOTA RAN THE RED LIGHT AFTER THE LIGHT HAD BEEN GREEN FOR LONGER THAN FIVE SECONDS. THE KIA WAS ALREADY OUT IN THE INTERSECTION AND I WAS RIGHT BEHIND HER DRIVING STEADY INTO THE INTERSECTION (ENTERED). THE TOYOTA APPEARED TO BE DRIVING ABOUT 35-40 MPH WHEN IT CROSSED INTO THE PATH OF THE KIA AND CONTACT WAS MADE WITH THE RF CORNER OF THE KIA AND THE RIGHT CENTER/MIDDLE AREA OF THE CAR (TOYOTA). I SAW THE TOYOTA DO A COMPLETE 180° TURN AND HIT THE SUV THAT WAS IN THE L-TURN LANE OF HWY 9 / HWY 204 NORTHBOUND INTERSECTION. I IMMEDIATELY PULLED OVER AND OFFERED ASSISTANCE TO ALL THREE VEHICLES. THE PERSON THAT WAS DRIVING THE KIA WAS A W/F IN HER 30'S AND SHE HAD CHILDREN (ALL BUCKLED + AIR BAGS DEPLOYED) AND THE PERSON

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 6-30-15	LOCATION SIGNED HWY 204 / HWY 9 WA
OFFICER/NUMBER: C. WELLS / 131	DATE SIGNED 6/30/15	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1636



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE)	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS		CITY				STATE	ZIP	RES. STATUS		
HOME PHONE		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

DRIVING THE CAR WAS AN ELDERLY W/F 60'S OR 70'S? THE ELDERLY FEMALE DRIVER HAD AN INJURY (FRACTURE OR BROKEN) TO HER RIGHT WRIST.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 6-30-15	LOCATION SIGNED HWY 204/HWY 9 LAKE STEVENS, WA
OFFICER/NUMBER: C. W. RAUS/131	DATE SIGNED 6/30/15	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 2 OF 2

Contract #
270802136







Case # 15-1636

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>WELLS/131</i>		Case Number <i>15-1636</i>			
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>COLLISION</i>		Date/Time: <i>6/30/15</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfk will be held for 60 days or 60 days past owner notification					
Item # <i>CW1</i>	Item <i>C/O WITH PASTORIS</i>	Brand Name		Storage Location	Disposition		
Action # <i>3</i>	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found <i>4th St / SR 9</i>	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>Wells/131</i>							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item	Brand Name		Storage Location	Disposition		
Action #	Brand/Model/Caliber (Further Description)						
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Evidence Control Use Only:							
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked		ROUTING: _____	
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:		White: Property Room	
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:		Yellow: Case File	

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound X Private Impound _____ Repo _____

For Police Impound: Reason for Impound and Case Number (if available):

(DUI, DWLS, COL, ABAND, VEHR, EVIDENCE, Etc.)

Case Number: 15-1636 Reason: _____

MKE/ (Circle One)	<u>EVI</u>	EVIP	EVR
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ORI/ WA0311900

LIC/ <u>999HPF</u>	LIS/ <u>OR</u>	LIY/ <u>2019</u>	LIT/ <u>PC</u>
VIN/ <u>KN DMB5 C16 G6088475</u>			
VYR/ <u>2016</u>	VMA/ <u>Kia</u>	VMO/ <u>sedona</u>	
VST/ <u>OR</u>	VCO/ <u>Silver</u>		

DATE OF IMPOUND/REPO: 06/30/15

TOW COMPANY NAME: Sky Valley

TOW COMPANY OCA/** 5061 PHONE #: 360568 1812

**(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From: SR 9 / SR 204

City of Jurisdiction: Lake Stevens

For Repo:

Financial Institution: _____

Contact Person: _____ Phone #: _____

For Teletype:

Date: 6/30/15

Entered By: 0403

WAC #: 15V0071252

Checked By: _____

Checked Date: _____

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound X Private Impound _____ Repo _____

For Police Impound: Reason for Impound and Case Number (if available):

(DUI, DWLS, COL, ABAND, VEHR, EVIDENCE, Etc.)

Case Number: 15-11636 Reason: _____

MKE/ (Circle One)

EVI

EVIP

EVR

ORI/ WA0311900LIC/ AAL6314 LIS/ WA LIY/ 2015 LIT/ PCVIN/ 4T1BF28B X30295707VYR/ 2003 VMA/ Toyota VMO/ AvalonVST/ WA VCO/ INDYDATE OF IMPOUND/REPO: 6/30/15TOW COMPANY NAME: Sky Valley TowingTOW COMPANY OCA/** 6061 PHONE #: 360-568-7812

**(For Repossession Company with no DOL Issued OCA, use 5999)

Address Taken From: SR 91 SR 204City of Jurisdiction: Lake Stevens

For Repo:

Financial Institution: _____

Contact Person: _____

Phone #: _____

For Teletype:

Date: 6/30/15Entered By: 0403WAC #: 15V0071234

Checked By: _____

Checked Date: _____

FAXED

IMPOUNDED VEHICLE ENTRY FORM

Type of Impound: (Check one)

Police Impound X

Private Impound _____ Repo _____

For Police Impound: Reason for Impound and Case Number (if available):
(DUI, DWLS, COL, ABAND, VEHR, EVIDENCE, Etc.)

Case Number: 15-1636 Reason:

MKE/ (Circle One) EVI EVIP EVR

ORI/ WA0311900

LIC/ AAL6314 LIS/ WA LIY/ 2015 LIT/ PC
VIN/ 4T1BF28BX30295707
VYR/ 2003 VMA/ Toyota VMO/ Avalon
VST/ WA VCO/ Wong

DATE OF IMPOUND/REPO: 6/30/15

TOW COMPANY NAME: Sky Valley Towing
TOW COMPANY OCA/** 6061 PHONE #: 360.568.7812

**(For Repossession Company with no DOL issued OCA, use 5999)

Address Taken From: SR 91 SR 204
City of Jurisdiction: Lake Stevens

For Repo:

Financial Institution: _____
Contact Person: _____ Phone #: _____

For Teletype:

Date: 6/30/15
Entered By: 0403 Checked By: _____
WAC #: 15V0071234 Checked Date: _____

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-1636

TOW / IMPOUND
AND INVENTORY RECORD

- ☒ NON-IMPOUND / TOW
- ☐ AAA or OTHER ROADSIDE ASSISTANCE
- ☐ EVIDENCE
- ☐ SEIZED UNDER RCW 69.50.505
- ☐ IMPOUND ONLY
- ☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
- ☐ DWLS IMPOUND WITH _____ DAY HOLD
- ☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
- ☐ REGISTERED OWNER MAY REDEEM _____

☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.

☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN K N D M B S C 1 6 G 6 0 8 8 4 7 5			
LICENSE 999 HPF	STATE OR	YEAR 2015	MAKE KIA
MILEAGE <input type="checkbox"/> Report of Sale <input type="checkbox"/> Digital		STYLE VAN	MODEL SEDONA
		COLOR SILVER	

DRIVER

NAME (LAST, FIRST, MI)
AVERY, WENDY, KAY

STREET ADDRESS
22324 N 103RD DR

CITY, STATE, ZIP CODE
PEORIA, AZ 85183

PHONE
623 2035985

DOB
1/27/81

REGISTERED OWNER

NAME (LAST, FIRST, MI)
AVERY, ANTHONY TODD

STREET ADDRESS
(RENTAL)

CITY, STATE, ZIP CODE
SAME

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 6/30/15 AT _____ PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE
(24 HOUR)
ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SKY VALLEY

TO REMOVE THIS VEHICLE FROM SR 9 and SR 204 (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

TONY

DOL TOW TRUCK NO.

5062-013

DATE

6/30/15

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED	<input type="checkbox"/> FRONT SHADE DAMAGED AREA		
<input type="checkbox"/> KEYS []	<input type="checkbox"/> R FRONT		
<input type="checkbox"/> AUTO STEREO	<input type="checkbox"/> R SIDE		
<input type="checkbox"/> AUDIO TAPES / CD'S []	<input type="checkbox"/> R REAR		
<input type="checkbox"/> CB RADIO	<input type="checkbox"/> L FRONT		
<input type="checkbox"/> RADAR DETECTOR	<input type="checkbox"/> L SIDE		
<input type="checkbox"/> TRUNK LOCKED	<input type="checkbox"/> L REAR		
<input type="checkbox"/> SPARE TIRE	<input type="checkbox"/> REAR		
<input type="checkbox"/> JACK	<input type="checkbox"/> TOP		
<input type="checkbox"/> CHAINS	<input type="checkbox"/> UNDERCARRIAGE		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____		

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

#132

BADGE NO.

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

15-1636

TOW / IMPOUND
AND INVENTORY RECORD

- ☐ NON-IMPOUND / TOW
☐ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☒ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

4 T 1 B F 2 8 B X 3 4 2 9 5 7 0 7

LICENSE

AAL 6314

STATE

WA

YEAR

2010

MAKE

AUA

MODEL

4D

MILEAGE

☐ Digital

STYLE

4D

COLOR

WHT

☐ Report of Sale

DRIVER

NAME (LAST, FIRST, MI)

SALVADALENA, ANN L

STREET ADDRESS

5001 113TH AVE SE

CITY, STATE, ZIP CODE

SN OTCOMSH, WA 99

PHONE

DOB

REGISTERED OWNER

NAME (LAST, FIRST, MI)

GANT
AUIS RENTAL

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 6/30/15 AT 1320 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE SKY VALLEY TOWN (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM SS 525 plp 204

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

TONY

DOL TOW TRUCK NO.

5062-013

DATE

6/30/15

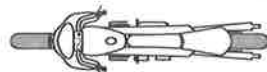
EQUIPMENT

- ☐ GLOVE BOX LOCKED
☐ KEYS []
☐ AUTO STEREO
☐ AUDIO TAPES / CD'S []
☐ CB RADIO
☐ RADAR DETECTOR
☐ TRUNK LOCKED
☐ SPARE TIRE
☐ JACK
☐ CHAINS
☐ OTHER _____

DAMAGE

- ☐ FRONT
☐ R FRONT
☐ R SIDE
☐ R REAR
☐ L FRONT
☐ L SIDE
☐ L REAR
☐ REAR
☐ TOP
☐ UNDERCARRIAGE
☐ OTHER _____

SHADE DAMAGED AREA



EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

STATE FARM

348 7260 B14 47D

TOTALLED VEHICLE
CRASH / DRIVEN
TRANSPORTED

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

C. W. W. / 15

S. W. O. M. I. S. H.

BADGE NO.

131

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

Closed	06/30/15	14:09:28
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Loc: SR 204/SR 9 NE, LKS (V)

Phone: 4253599025

/1409 (SS95) CLEAR 19S13

/1409 (SS95) CLEAR 19S13

